

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18988

STATE FILE NUMBER

FILED JUN 14 1957

318

1003

5148

Registration District No. <u>43142-57</u>		Primary Registration District No. <u>1003</u>		Registrar's No. <u>5148</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>1</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2227 933 Hickory</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>ST. LOUIS CITY HOSP. #1.</u>			Length of stay in lb <u>25</u>		
3. NAME OF DECEASED (Type or print) First <u>BABY GIRL</u> Middle <u>LOWE</u> Last <u>LOWE</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>29</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-29-57</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Clyde Lowe</u>		14. MOTHER'S MAIDEN NAME <u>Hanzel Warncke</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Clyde Lowe, 933 Hickory</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital atelectasis</u> <u>Prematurity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs.</u> <u>7 1/2 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>762.5</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>1</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u></u>				
21. I attended the deceased from <u>5/29/57</u> to <u>5/29/57</u> and last saw her alive on <u>5/29/57</u> Death occurred at <u>9:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					22c. DATE SIGNED <u>5/31/57</u>
22a. SIGNATURE <u>Don B. Klueh, M.D.</u>	(Degree or title) <u>0</u>		22b. ADDRESS <u>1515 LAFAYETTE AVE</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-1-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anapolis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Anapolis, Missouri</u>		
24. FUNERAL DIRECTOR <u>McLAUGHLIN'S, 2301 Lafayette</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>JUN 1 '57</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith - M.D.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *McLaughlin Funeral H*

Licensed Embalmer No.

2301 Lafayette
Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.